

"(3) PARTICIPANTS OF GROUP HEALTH PLANS.—In the case of a group health plan, the term "participant" also includes—

"(A) in connection with a group health plan maintained by a partnership, an individual who is a partner in relation to the partnership; or

"(B) in connection with a group health plan maintained by a self-employed individual (under which one or more employees are participants), the self-employed individual, if such individual is, or may become, eligible to receive a benefit under the plan or such individual's beneficiaries may be eligible to receive any such benefit.

SEC. 706. DEFINITIONS.
1191b.

29 USC

"(a) GROUP HEALTH PLAN.—For purposes of this part—

"(1) IN GENERAL.—The term "group health plan" means an employee welfare benefit plan to the extent that the plan provides medical care (as defined in paragraph (2) and including items and services paid for as medical care) to employees or their dependents (as defined under the terms of the plan) directly or through insurance, reimbursement, or otherwise.

"(2) MEDICAL CARE.—The term "medical care" means amounts paid for—

"(A) the diagnosis, cure, mitigation, treatment, or prevention of disease; or amounts paid for the purpose of affecting any structure or function of the body.

"(B) amounts paid for transportation primarily for and essential to medical care referred to in subparagraph (A); and

"(C) amounts paid for insurance covering medical care referred to in subparagraphs (A) and (B).

"(b) DEFINITIONS RELATING TO HEALTH INSURANCE.—For purposes of this part—

"(1) HEALTH INSURANCE COVERAGE.—The term "health insurance coverage" means benefits consisting of medical care (provided directly through insurance or reimbursement, or otherwise and including items and services paid for as medical care) under an hospital or medical service policy or certificate, hospital or medical service plan contract, or health maintenance organization contract offered by a health insurance issuer.

"(2) HEALTH INSURANCE ISSUER.—The term "health insurance issuer" means an insurance company, insurance service, or insurance organization (including a health

maintenance organization, as defined in paragraph (3), which is licensed to engage in the business of insurance in a State and which is subject to State law which regulates insurance (within the meaning of section 514(b)(2)). Such term does not include a group health plan.

"(3) HEALTH MAINTENANCE ORGANIZATION.—The term health maintenance organization means—

"(A) a federally qualified health maintenance organization (as defined in section 1301(a) of the Public Health Service Act (42 U.S.C. 300e(a)));

"(B) an organization recognized under State law as a health maintenance organization; or

"(C) a similar organization regulated under State law for solvency in the same manner and to the same extent as such a health maintenance organization.